

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITION

29 November 2003

LB-01-04

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 12PM EST ON OR BEFORE 19 Dec 03 SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22A
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22A"

A. NOTICE. This position is set aside for individual Registered Nurses only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. COMMUNITY HEALTH REGISTERED NURSE. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Registered Nurse in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual performs services as part of the Educational and Developmental Intervention Services Program (EDIS). This individual must also (1) meet all the requirements contained herein and (2) competitively win this contract award.

Services shall be provided in the Naval Hospital, the patient's home, or the patient's day care setting, or other appropriate settings located on or off base in Onslow County, NC.

You shall be on duty in the assigned clinical area for 64 hours per two week period. Services shall be provided in any of the above locations, as scheduled by the Head, EDIS Program. You shall normally provide services for a 4 hour, or an 8.5 to 9 hour period (to include an uncompensated .5 or 1 hours for lunch, depending on shift length), as scheduled, between the hours of 0730 and 1830 Monday through Friday throughout the term of the contract. The location(s) where services shall be provided shall vary based on your mutual agreement with the Head, EDIS, and the fluctuation in patient requirements. This shall include attendance of weekly team meetings. You shall arrive for each scheduled shift in a well-rested condition.

You are required to possess a valid driver's license and shall provide your own transportation when a government vehicle is unavailable. When using a personal vehicle for work, you shall be compensated for mileage at the prevailing rate offered to civil service employees. You shall not transport the patient or patient's family in your personal or government vehicle without prior approval from the Department Head.

TRAVEL: The Commanding Officer may request that you attend and participate in meetings/conferences incurring travel expenses. You shall be provided a minimum of 14 days advance notice for any travel requirements. You shall be reimbursed for such travel at comparable rates as determined by the Federal Travel Regulations. You shall make all travel arrangements and incur related expenses. No payments will be made to you in advance of travel.

1. You shall submit an invoice (DD Form 250) itemizing expenses in amounts determined to be allowable by the Contracting Officer's Representative/Technical Liaison.

2. Costs for transportation, lodging, meals, and incidental expenses incurred by contractor personnel are allowable subject to Federal Acquisition Regulation Federal &31-205-46 and Federal Travel Regulations prescribed by the General Services Administration or deemed reasonable by the Contracting Officer's Representative/Technical Liaison.

3. The Government will provide you with an identification letter for presentation to AMTRAK, hotel/motel, car rental firms and/or use of DoD facilities, when permitted. It should be noted that vendors are not obligated to extend the discounted Government rates to contractors working on behalf of the Federal Government.

ABSENCES AND LEAVE. You shall accrue 8 hours of personal leave, to be used for both planned (vacation) and unplanned (sickness), at the end of every 80 hour period worked. At the discretion of the Commanding Officer, 40 hours of personal leave accrued by the health care worker can be carried over through 31 December of the calendar year except during the last option year of the contract. Any personal leave not used by 31 December will be forfeited. Any personal leave not used by 30 September of the last option year will be forfeited. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued leave must be used within that notice period, or forfeited. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence only if they fall on your normally scheduled work day. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Camp Lejeune, NC, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Community Health Registered Nurse duties, within the scope of this statement of work, using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care.

1. Administrative and Training Requirements

1.1. You shall provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, students, etc.) assigned to you during the performance of duties. You shall perform limited administrative

duties which include maintaining statistical records of your workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.2. You shall participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. You shall participate in the provision of monthly inservice training to non-healthcare practitioner members of the clinical and administrative staff on subjects germane to nursing care and attend annual renewal of all Annual Training Requirements provided by MTF, including the following: family advocacy, safety training, disaster training, infection control, Sexual Harassment and Bloodborne Pathogens.

- 1.4. You shall actively participate in Organizational Performance Improvement Plan.
- 1.5. FAMILY ADVOCACY. Participate in implementation of the Family Advocacy Program in accordance as directed. Participation shall include, but not be limited to, appropriate documentation and reporting.
- 1.6. Help maintain good interdepartmental relations through positive communication and work coordination.
- 1.7. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.
- 1.8. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
- 1.9. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.
- 1.10. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.
- 1.11. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.
2. Duties and Responsibilities. You shall perform a full range of Community Health RN services in support of the Educational and Developmental Intervention Services (EDIS) Program, within the scope of this statement of work, using government furnished supplies, facilities and equipment. Workload occurs as a result of scheduled and unscheduled requirements for care.
 - 2.1. STANDARD DUTIES. Your actual clinical performance will be a function of the overall demand for Community Health Registered Nurse services. Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:
 - 2.1.1. Function: Evaluate patients, establish written treatment goals/plans, and apply treatment for the EDIS, targeting the patient population of infants and toddlers from birth to 36 months old inclusive who have developmental delays or disabilities or are at-risk for developmental delay. As an ancillary support service, all patient contact and care is expected to be safe and timely and result in achievement of realistic and documented treatment goals, and comply or satisfy the intent of the referring medical staff.
 - 2.1.2. Legal Base and Philosophy: Services provided under the contract are required by the Individuals with Disabilities Education Act, as amended (20 U.S.C., Section 1400) and under section 2164 of 10 U.S.C. as added by Section 351(a) of Public Law 103-337. The EDIS involves the provision of services such as physical therapy, occupational therapy, speech therapy, education and counseling intervention to eligible infants and toddlers with disabilities, ages 0-36 months inclusive, and their families. The emphasis of EDIS is on family-centered care, i.e., emphasis on the patient (child) within the family unit, rather than on the patient alone. The parent(s)/guardian(s) is an integral part of the treatment team. Services are to be provided in patient's "natural environments", i.e., patient's home or day care setting. You shall serve as a liaison between the patient/patient's family, caregivers, therapists, the Naval Hospital, and other early intervention service providers.
 - 2.1.3. Team Membership: You shall serve as a member of the EDIS Team, which may consist of the Head, EDIS, pediatrician, occupational therapist, speech/language pathologist, special educator, physical therapist, social worker, nurse, psychologist, parents/caregivers, and referring providers. The EDIS is a transdisciplinary team approach to assessment and treatment. Each professional within the team may have direct involvement with the patient and family and will collaborate with family and team members in carrying out the child's program. Even when evaluations are performed independently, treatment planning will occur as a result of group consensus. Each member of the transdisciplinary team is accountable to the team as a whole. You will be an active member of the EDIS team and are required to be present at team meetings at the discretion of the Head, EDIS.

2.1.4. Patient Characteristics: You shall provide services to families with infants, toddlers a from birth to 36 months who have developmental delays or disabilities or are at-risk for developmental delays and their families, and to other pediatric patients as workload allows. Typical diagnoses of patient population include, but are not limited to, the following:

- Prematurity
- Developmental Delay
- Cerebral Palsy
- Spina Bifida
- Prenatal Drug and Alcohol Exposure
- Chromosomal Abnormalities
- Other Chronic Illnesses which may affect development
- Failure to Thrive
- Neurological Dysfunction
- Sensory Deficits
- Autism
- Neuromotor Disorders
- Congenital Limb Deformities

Children and families may have acute or chronic illnesses, active infectious diseases (including cytomegalovirus, herpes, toxoplasmosis, tuberculosis, and HIV infection and AIDS) or congenital anomalies.

2.2. TREATMENT PLANNING/SCHEDULING - You shall collaborate with other EDIS team members, parents, and community service providers in developing a transdisciplinary Individualized Family Service Plan (IFSP) for each EDIS-eligible patient and family. Discipline-specific treatment goals, both long and short term, shall be incorporated into the patient's IFSP, as appropriate. IFSPs and treatment goals shall be reviewed and updated at least every six months. Routine workload shall be scheduled by you or support staff with the mutual agreement of the patient's family. Services shall be provided in accordance with the Individualized Family Service Plan or the patient's treatment plan.

2.2.1. You shall aid in the screening of dependent children of military members suspected of, or "at risk" for developmental delay.

2.2.2. You shall stay abreast of new developments within the profession and of current services available to the target group served.

2.2.3. ASSESSMENT: Obtain and document patient and pertinent family history. Collect and analyze comprehensive data, with regard to the patient/patient's family, to include, but not limited to, the following:

- Health Perception and health practices
- Nutritional needs and metabolic functioning
- Factors that affect activity, exercise and self-help such as neuromuscular, cardiovascular, respiratory and developmental functioning.
- Elimination patterns including bowel and bladder functioning
- Cognitive/perceptual functioning
- Physical development
- Communication development
- Social and Emotional development
- Adaptive development
- Roles, relationships and social supports
- Coping and stress responses including family strengths and resources
- Sleep/rest patterns and needs
- Family values, beliefs, concerns and priorities within their cultural context.

Such data shall be used in development of the IFSP.

2.2.4. PLANNING: Aid staff, and EDIS Program therapists in planning therapy and treatment, as required. Assist in the development of the Individual Family Service Plan (IFSP) by collaborating with the Head, EDIS Program and EDIS Program therapists.

2.2.4.1. Promote family participation in the implementation and evaluation of the plan.

2.2.4.2. Collaborate as an EDIS team member.

2.2.5. IMPLEMENTATION: In conjunction with the EDIS Team, and the patient's family, you shall aid in

implementing the specific actions identified in the IFSP.

2.2.5.1. Assist the patient's family in locating and contacting local agencies that can provide support and services.

2.2.6. OUTCOME: Assist, in coordination with the Head, EDIS Program, and EDIS therapists in the identification of expected outcomes that support the health and development of the patients.

2.2.6.1. Monitor the patient's progress and provide continuous input into the IFSP in order to facilitate attaining desired outcomes. Meet with EDIS Team members, other providers and family members to ascertain the effectiveness of the plan.

2.2.6.2. Participate in the revision of the IFSP as required.

2.2.6.3. Identify areas of care which require monitoring in order to ascertain patient progress.

2.2.6.4. Document all care provided in accordance with required standards.

2.2.7. Personal Contacts: You shall have face-to-face contact with children with developmental disabilities and their families, other members of the EDIS team, other child care providers, preschool teachers, physicians and other medical staff, and county and state officials. You shall also have contacts with the Pediatric Department of the MTF, other military personnel, school administrators and educators and other community members including medical staff in the civilian sector.

2.2.7.1. Contacts with patients and families involve counseling on evaluation and treatment results, home programs, planning and coordinating intervention and motivating changes and reluctant family members.

2.2.7.2.. Provide service coordination/case management services to patient and family.

2.2.8. PATIENT/FAMILY/CAREGIVER EDUCATION

2.2.8.1. Provide instruction, guidance, and support to the patient's family or other caregivers as required to assist them in understanding the patient's abilities and needs, to enhance the patient's environment, to optimize the patient's functional abilities, and to provide emotional support. Such education may be provided individually or in a group setting.

2.2.9. PROGRAM EVALUATION

2.2.9.1 Coordinate with the Head, EDIS, other therapists within the EDIS team, and other providers as necessary to evaluate the EDIS and to assure complete and appropriate care. Participate in performance improvement and other program evaluation activities as assigned by Head, EDIS.

2.2.10. DOCUMENTATION

2.2.10.1. Maintain documentation, on appropriate Government-furnished forms of all services provided, in accordance with the Bureau of Medicine and Surgery and Naval Hospital directives. Government computers may be used, if available. Complete the Bureau of Medicine and Surgery (BUMED) Medical Expense and Performance Reporting System and Naval Hospital reports as required.

2.2.10.2. Ensure that all evaluation and treatment reports are legible and signed, and in format required by Naval Hospital. Provide progress reports as required.

2.2.11. OTHER REQUIREMENTS

2.2.11.1. Attend meetings and provide administrative services within the Naval Hospital and at other locations within the community. These meetings shall consist of coordination of services with other EDIS therapists and community service providers, one-on-one interaction with the Head, EDIS for evaluation of services, and other functions to include charting, consulting, etc.

2.2.11.2. Participate in organization performance improvement program.

2.2.12. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete an IPF (Individual Professional File) prior to performance of services. The IPF will be maintained at the MTF, and contains specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in BUMEDINST 6320.66d and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the MTF.

3. JCAHO Requirements. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

3.1. The regulations and standards of professional practice of the treatment facility, and

3.3. The bylaws of the treatment facility's professional staff.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The healthcare worker is responsible for complying with all applicable licensing regulations. All state medical licenses held by each healthcare worker must be submitted as part of the credentialing package. Additionally, healthcare workers licensed outside of the 50 States must provide proof of having successfully passed the National Council Licensure Exam (NCLEX).

2. Provide three letters of recommendation. Two letters must be from practicing physicians, professional peers, or direct medical supervisor attesting your clinical skills. Reference letters from health care professionals must include name, title, phone number, date of reference, address and signature of the individual providing reference. The third letter must be from the parent(s) of a former pediatric patient attesting to their satisfaction with the treatment provided, (rapport with patient, bedside manner, etc.). Letters must have been written within the preceding 2 years.

3. Represent an acceptable malpractice risk to the Navy.

4. Be eligible for U.S. employment. Please provide supporting documentation.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet," Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and Quantity of experience as a Community Health RN. Experience with pediatric patients and Early Intervention Programs may enhance your ranking.

2. The letters of recommendation required above, may enhance your ranking if they address such items as patient rapport, clinical skills, decision analysis, experience providing training or areas of expertise, etc. Additional letters of reference from the parent(s) of a former patient attesting to their satisfaction with the treatment provided (rapport with patient, bedside manner, etc.) may enhance your ranking.

3. Prior experience as a Registered Nurse working in an early intervention program or with military families (Complete Form DD214).

4. Fluency in other languages typically found in local client population (Such as Spanish, Korean, etc.).

5. Prior experience in a military medical facility (Form DD214).

6. Professional presentations related to pediatric nursing at state, national or international meetings, or

presentations/training for parents groups.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – Registered Nurse" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.3., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Registered Nurse". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before

commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at ⁶ (301) 619-XXXX (Contract Specialist's phone number).

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - REGISTERED NURSE

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item IX. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Personal Qualifications Sheet - Registered Nurse

I. General Information

Name: _____ SSN: _____

 Last First Middle

Address:

Phone: ()

E-Mail: _____

II. Professional Education:

RN Degree from: _____
(Name of School and location)

Date of Degree: (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

_____ (mm/dd/yy)

State	Date of Expiration
Alabama	12/31/2025
Alaska	12/31/2025
Arizona	12/31/2025
Arkansas	12/31/2025
California	12/31/2025
Colorado	12/31/2025
Connecticut	12/31/2025
Delaware	12/31/2025
Florida	12/31/2025
Georgia	12/31/2025
Hawaii	12/31/2025
Idaho	12/31/2025
Illinois	12/31/2025
Indiana	12/31/2025
Iowa	12/31/2025
Kansas	12/31/2025
Kentucky	12/31/2025
Louisiana	12/31/2025
Maine	12/31/2025
Maryland	12/31/2025
Massachusetts	12/31/2025
Michigan	12/31/2025
Minnesota	12/31/2025
Mississippi	12/31/2025
Missouri	12/31/2025
Montana	12/31/2025
Nebraska	12/31/2025
Nevada	12/31/2025
New Hampshire	12/31/2025
New Jersey	12/31/2025
New Mexico	12/31/2025
New York	12/31/2025
North Carolina	12/31/2025
North Dakota	12/31/2025
Ohio	12/31/2025
Oklahoma	12/31/2025
Oregon	12/31/2025
Pennsylvania	12/31/2025
Rhode Island	12/31/2025
South Carolina	12/31/2025
South Dakota	12/31/2025
Tennessee	12/31/2025
Texas	12/31/2025
Utah	12/31/2025
Vermont	12/31/2025
Virginia	12/31/2025
Washington	12/31/2025
West Virginia	12/31/2025
Wisconsin	12/31/2025
Wyoming	12/31/2025

IV. Approved Continuing Education:

[illegible]

V. Language Fluency: Indicate any languages in which you are fluent and describe your fluency (i.e. read, write, speak, etc)

VI. Basic Life Support (Optional) Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:

Expiration Date: _____ (mm/dd/yy)

VII. Professional Employment: List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed: _____

<u>Names and Addresses of Preceding Employers</u>	<u>To:</u>	<u>From:</u>
(2) _____	_____	_____

Work Performed: _____

From To
(3) _____

Work Performed: _____

Are you currently employed on a Navy contract? If so where is your current contract and what is the position? ____
When does the contract expire? _____

VIII. Additional Medical Certification, Degrees or Licensure: This should include advanced education such as a Master's Degree.

Type of Certification, Degree or License and Date of Certification or Expiration

IX. Professional References:

Provide three letters of recommendation. Two letters must be from practicing physicians, professional peers, or direct medical supervisor attesting your clinical skills. Reference letters from health care professionals must include name, title, phone number, date of reference, address and signature of the individual providing reference. The third letter must be from the parent(s) of a former pediatric patient attesting to their satisfaction with the treatment provided, (rapport with patient, bedside manner, etc.). Letters must have been written within the preceding 2 years.

X. Employment Eligibility (Provide copies of supporting documentation):

Yes No
Do you meet the requirements for U.S. Employment _____
Eligibility contained in Section V? _____

XI. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XII. I hereby certify the above information to be true and accurate:

(Signature) _____(mm/dd/yy)
(Date)

Attachment 2
PRICING SHEET

PERIOD OF PERFORMANCE

Services are required 5 January through 30 September 2004. Five option periods will be included which will extend services through 3 January 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Community Health Registered Nurses in the Camp Lejeune, NC area. The hourly price must include consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate as specified in 10 U.S.C. 1091. Effective 21 January 2000 the maximum amount the government will be allowed to pay for these personal services is \$400,000/year for this contract.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one full time Community Health Registered Nurse at the Naval Hospital Camp Lejeune, NC., in accordance with this Application and the resulting contract.				
0001AA	Base Period; 5 Jan 04 thru 30 Sep 04	1242	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	1677	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	1664	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	1664	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	1677	Hour	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 3 Jan 09	436	Hour	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

ATTACHMENT 3

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-3023 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02, 22A
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793 or (301) 619-2925

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

ATTACHMENT 4

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: LB-01-04

ATTACHMENT 4